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**REVOCATION OF POWER OF
ATTORNEY WITH
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/002,977
Filing Date	11/14/2001
First Named Inventor	David Flores
Art Unit	3623
Examiner Name	Sterrett, Jonathon G
Attorney Docket Number	STR1.PAU.02

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

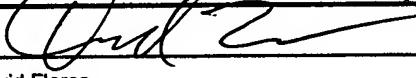
OR

<input checked="" type="checkbox"/> Firm or Individual Name	David Flores				
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I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	David Flores		
Date	11/28/2006	Telephone	949 813 8633

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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